

EXHIBIT A

Life Insurance Policy

POLICY LF-0939-2349

Jane W. Millwood

Specimen copy of
Policy

STATE FARM LIFE INSURANCE COMPANY

HOME OFFICE: ONE STATE FARM PLAZA, BLOOMINGTON, ILLINOIS 61710-0001

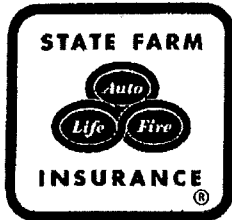
INSURED GETTYS BRYANT MILLWOOD (MALE)

AGE 43

POLICY NUMBER LF-0939-2349

POLICY DATE May 1, 1988

INITIAL BASIC AMOUNT RE-ISSUED AS REQUESTED



This policy is based on the application and the payment of premiums as specified in the policy. State Farm Life Insurance Company will pay the proceeds to the beneficiary when due proof is received that the Insured died before this policy terminated. If the Insured is alive on the maturity date, the cash surrender value on the maturity date will be paid to the Owner and this policy will terminate.

10-Day Right to Examine the Policy. This policy may be returned within 10 days of its receipt for a refund of all premiums paid. Return may be made to State Farm Life Insurance Company or one of its agents. If returned, this policy will be void from the policy date.

Read this policy with care. This is a legal contract between the Owner and State Farm Life Insurance Company.

Secretary

President

DUPLICATE

Registrar

BASIC PLAN DESCRIPTION

Flexible premium adjustable life insurance. A death benefit is payable if the Insured dies before the maturity date. The cash surrender value is payable if the Insured is alive on the maturity date. Flexible premiums are payable while the Insured is alive until the maturity date. The basic plan is eligible for annual dividends.

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The Application and any Riders and Endorsements follow page 12.

P O L I C Y I D E N T I F I C A T I O N

INSURED	GETTYS BRYANT MILLWOOD (MALE)	AGE	43
POLICY NUMBER	LF-0939-2349	INITIAL BASIC AMOUNT	RE-ISSUED AS REQUESTED
POLICY DATE	MAY 1, 1988		
ISSUE DATE	MAY 10, 1988		
ADDITIONAL INSURED	JANE W MILLWOOD (FEMALE)	AGE	43

S C H E D U L E O F B E N E F I T S

UNIVERSAL LIFE BASIC PLAN:
 DEATH BENEFIT OPTION 1 (BASIC AMOUNT INCLUDES THE CASH VALUE)
 BASIC AMOUNT (STANDARD RATE CLASS-NONSMOKER): \$101,869

MATURITY DATE: MAY 1, 2040

RIDERS:

FORM DESCRIPTION	INSURANCE AMOUNT	BENEFIT PERIOD ENDS	MONTHLY CHARGE DEDUCTIBLE
86126 ADDITIONAL INSURED'S LEVEL TERM (STANDARD RATE CLASS)	\$50,000	IN 2030	TO 2030
86126 ADDITIONAL INSURED'S LEVEL TERM (STANDARD RATE CLASS) EFFECTIVE DATE: SEPTEMBER 11, 1992 ISSUE DATE: OCTOBER 14, 1992	\$50,000	IN 2030	TO 2030
86206 WAIVER OF MONTHLY DEDUCTION		IN 2005	TO 2005

S C H E D U L E O F P R E M I U M S

PLANNED PREMIUMS ARE INCLUDED IN THE SCHEDULE SHOWN BELOW. THE PAYMENT PERIOD FOR THE PLANNED PREMIUMS IS 1 MONTH STARTING ON DECEMBER 1, 1992 PAYABLE UNTIL THE MATURITY DATE.

AN EXPENSE CHARGE OF 7.5% IS DEDUCTED FROM EACH PREMIUM PAID.

BEGINNING:	TOTAL PREMIUMS FOR POLICY YEAR
MAY 1, 1993	\$720.00

M O N T H L Y D E D U C T I O N S

THE DEDUCTION DATE IS THE 1ST OF EACH MONTH

MAXIMUM MONTHLY COST OF INSURANCE RATES ARE SHOWN ON PAGE 4. COST OF INSURANCE IS DEDUCTIBLE TO THE MATURITY DATE.
 THE MONTHLY EXPENSE CHARGE IS \$4.00.

NOTE: INSURANCE MAY TERMINATE PRIOR TO THE MATURITY DATE IF PREMIUMS PAID ARE NOT SUFFICIENT TO CONTINUE THE INSURANCE TO THAT DATE.

C O S T O F I N S U R A N C E R A T E S A N D M O N T H L Y C H A R G E S

CONTINUED FROM PAGE 4

55	.61	65	1.28	75	3.39
56	.65	66	1.39	76	3.80

MONTHLY CHARGES PER \$100 OF MONTHLY DEDUCTION FOR WAIVER OF MONTHLY DEDUCTION

AGE	MONTHLY CHARGE	AGE	MONTHLY CHARGE	AGE	MONTHLY CHARGE	AGE	MONTHLY CHARGE
47	9.49	51	14.33	55	24.77	59	38.84
48	10.51	52	16.56	56	26.04		
49	11.58	53	18.98	57	28.03		
50	12.85	54	21.78	58	32.54		

SCHEDULE OF SURRENDER CHARGES

BEGINNING POLICY YEAR	POLICY MONTH	SURRENDER CHARGE	BEGINNING POLICY YEAR	POLICY MONTH	SURRENDER CHARGE
5	8	\$508.50	8	5	\$636.75
5	9	553.50	9	1	582.00
5	10	598.50	9	5	514.50
5	11	643.50	10	1	459.75
5	12	688.50	10	5	392.25
6	1	678.75	11	1	337.50
6	2	723.75	11	5	270.00
6	3	768.75	12	5	202.50
6	4	813.75	13	5	135.00
7	1	759.00	14	5	67.50
8	1	704.25	15	5	0.00

COST OF INSURANCE RATES AND MONTHLY CHARGES

MAXIMUM MONTHLY COST OF INSURANCE RATES
PER \$1000

(STANDARD RATE CLASS-NONSMOKER)

AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE
47	.46	59	1.29	71	3.80	83	11.28
48	.50	60	1.40	72	4.19	84	12.33
49	.54	61	1.53	73	4.63	85	13.43
50	.58	62	1.68	74	5.12	86	14.56
51	.64	63	1.84	75	5.64	87	15.72
52	.69	64	2.03	76	6.18	88	16.91
53	.76	65	2.22	77	6.74	89	18.13
54	.83	66	2.43	78	7.33	90	19.41
55	.91	67	2.66	79	7.96	91	20.76
56	1.00	68	2.90	80	8.65	92	22.27
57	1.09	69	3.16	81	9.43	93	24.08
58	1.18	70	3.46	82	10.31	94	26.52

MAXIMUM MONTHLY CHARGES PER \$1000 FOR ADDITIONAL INSURED'S LEVEL TERM

(STANDARD RATE CLASS)

AGE	MONTHLY CHARGE	AGE	MONTHLY CHARGE	AGE	MONTHLY CHARGE	AGE	MONTHLY CHARGE
47	.35	57	.69	67	1.51	77	4.24
48	.37	58	.73	68	1.64	78	4.72
49	.40	59	.77	69	1.77	79	5.24
50	.43	60	.82	70	1.93	80	5.84
51	.46	61	.88	71	2.13	81	6.53
52	.49	62	.96	72	2.38	82	7.32
53	.53	63	1.05	73	2.67	83	8.23
54	.57	64	1.16	74	3.01	84	9.22
55	.61	65	1.28	75	3.39		
56	.65	66	1.39	76	3.80		

MAXIMUM MONTHLY CHARGES PER \$1000 FOR ADDITIONAL INSURED'S LEVEL TERM

(STANDARD RATE CLASS)

AGE	MONTHLY CHARGE	AGE	MONTHLY CHARGE	AGE	MONTHLY CHARGE	AGE	MONTHLY CHARGE
47	.35	57	.69	67	1.51	77	4.24
48	.37	58	.73	68	1.64	78	4.72
49	.40	59	.77	69	1.77	79	5.24
50	.43	60	.82	70	1.93	80	5.84
51	.46	61	.88	71	2.13	81	6.53
52	.49	62	.96	72	2.38	82	7.32
53	.53	63	1.05	73	2.67	83	8.23
54	.57	64	1.16	74	3.01	84	9.22

P O L I C Y I D E N T I F I C A T I O N

INSURED	GETTYS BRYANT MILLWOOD (MALE)	AGE	43
POLICY NUMBER	LF-0939-2349	INITIAL BASIC AMOUNT	RE-ISSUED AS REQUESTED
POLICY DATE	MAY 1, 1988		
ISSUE DATE	MAY 10, 1988		
ADDITIONAL INSURED	JANE W MILLWOOD (FEMALE)	AGE	43

S C H E D U L E O F B E N E F I T S

BASIC PLAN:

DEATH BENEFIT OPTION 2 (BASIC AMOUNT PLUS THE CASH VALUE)
BASIC AMOUNT (STANDARD RATE CLASS-NONSMOKER): \$50,000

MATURITY DATE: MAY 1, 2040

RIDERS:

FORM DESCRIPTION	INSURANCE AMOUNT	BENEFIT PERIOD ENDS	MONTHLY CHARGE DEDUCTIBLE
86126 ADDITIONAL INSURED'S LEVEL TERM (STANDARD RATE CLASS)	\$50,000	IN 2030	TO 2030
86206 WAIVER OF MONTHLY DEDUCTION		IN 2005	TO 2005

S C H E D U L E O F P R E M I U M S

PLANNED PREMIUMS ARE INCLUDED IN THE SCHEDULE SHOWN BELOW. THE PAYMENT PERIOD FOR THE PLANNED PREMIUMS IS 1 MONTH STARTING ON JUNE 1, 1988 PAYABLE UNTIL THE MATURITY DATE.

AN EXPENSE CHARGE OF 7.5% IS DEDUCTED FROM EACH PREMIUM PAID.

BEGINNING:	TOTAL PREMIUMS FOR POLICY YEAR
MAY 1, 1989	\$967.44

M O N T H L Y D E D U C T I O N S

THE DEDUCTION DATE IS THE 1ST OF EACH MONTH

MAXIMUM MONTHLY COST OF INSURANCE RATES ARE SHOWN ON PAGE 4. COST OF INSURANCE IS DEDUCTIBLE TO THE MATURITY DATE.
THE MONTHLY EXPENSE CHARGE IS \$4.00.

NOTE: INSURANCE MAY TERMINATE PRIOR TO THE MATURITY DATE IF PREMIUMS PAID ARE NOT SUFFICIENT TO CONTINUE THE INSURANCE TO THAT DATE.

SCHEDULE OF SURRENDER CHARGES

BEGINNING POLICY YEAR	POLICY MONTH	SURRENDER CHARGE	BEGINNING POLICY YEAR	POLICY MONTH	SURRENDER CHARGE
1	1	\$36.50	1	11	\$401.50
1	2	73.00	1	12	438.00
1	3	109.50	4	1	383.25
1	4	146.00	5	1	328.50
1	5	182.50	6	1	273.75
1	6	219.00	7	1	219.00
1	7	255.50	8	1	164.25
1	8	292.00	9	1	109.50
1	9	328.50	10	1	54.75
1	10	365.00	11	1	.00

COST OF INSURANCE RATES AND MONTHLY CHARGES

MAXIMUM MONTHLY COST OF INSURANCE RATES
PER \$1000

(STANDARD RATE CLASS-NONSMOKER)

AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE
43	.34	56	1.00	69	3.16	82	10.31
44	.36	57	1.09	70	3.46	83	11.28
45	.39	58	1.18	71	3.80	84	12.33
46	.43	59	1.29	72	4.19	85	13.43
47	.46	60	1.40	73	4.63	86	14.56
48	.50	61	1.53	74	5.12	87	15.72
49	.54	62	1.68	75	5.64	88	16.91
50	.58	63	1.84	76	6.18	89	18.13
51	.64	64	2.03	77	6.74	90	19.41
52	.69	65	2.22	78	7.33	91	20.76
53	.76	66	2.43	79	7.96	92	22.27
54	.83	67	2.66	80	8.65	93	24.08
55	.91	68	2.90	81	9.43	94	26.52

MAXIMUM MONTHLY CHARGES PER \$1000 FOR ADDITIONAL INSURED'S LEVEL TERM

(STANDARD RATE CLASS)

AGE	MONTHLY CHARGE	AGE	MONTHLY CHARGE	AGE	MONTHLY CHARGE	AGE	MONTHLY CHARGE
43	.27	54	.57	65	1.28	76	3.80
44	.29	55	.61	66	1.39	77	4.24
45	.31	56	.65	67	1.51	78	4.72
46	.33	57	.69	68	1.64	79	5.24
47	.35	58	.73	69	1.77	80	5.84
48	.37	59	.77	70	1.93	81	6.53
49	.40	60	.82	71	2.13	82	7.32
50	.43	61	.88	72	2.38	83	8.23
51	.46	62	.96	73	2.67	84	9.22
52	.49	63	1.05	74	3.01		
53	.53	64	1.16	75	3.39		

MONTHLY CHARGES PER \$100 OF MONTHLY DEDUCTION FOR WAIVER OF MONTHLY DEDUCTION

AGE	MONTHLY CHARGE	AGE	MONTHLY CHARGE	AGE	MONTHLY CHARGE	AGE	MONTHLY CHARGE
43	6.44	48	10.51	53	18.98	58	32.54
44	6.82	49	11.58	54	21.78	59	38.84
45	7.46	50	12.85	55	24.77		
46	8.47	51	14.33	56	26.04		
47	9.49	52	16.56	57	28.03		

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DEFINITIONS

We, us, and our refer to State Farm Life Insurance Company.

You and your refer to the Owner.

Application. Includes any life insurance application, any application for change in the policy, medical history, questionnaire, and other documents from you or any other person proposed for insurance which are made a part of this policy.

Basic Amount. The Initial Basic Amount plus any increases less any decreases. The Basic Amount cannot be less than \$50,000.

Benefit Period Ends. The coverage for the benefit extends to, but does not include, the policy anniversary date in the year shown on page 3 under this heading.

Deduction Date. The policy date and each monthly anniversary of the policy date.

Dollars. Any money we pay, or which is paid to us, must be in United States dollars.

Effective Date. Coverage starts on this date.

Initial Basic Amount. The amount of coverage on the Insured provided by the Basic Plan on the policy date.

Insurance Amount. The amount of coverage on the effective date of each rider shown on page 3.

Maturity Date. The policy anniversary when the Insured is age 95.

Monthly Charge Deductible. A monthly

charge for any rider is deducted as part of the monthly deduction until the policy anniversary in the year shown on page 3.

Officer. The president, a vice president, the secretary, or an assistant secretary of State Farm Life Insurance Company.

Payee. On the Insured's death, the beneficiaries shown in the application, unless changed. If you cash surrender this policy or the policy matures, the persons that you have named. A payee can be other than a natural person only if we agree.

Planned Premium. The premium amount that you have chosen. This amount is shown on page 3 for the payment period that you have chosen.

Policy Date. The effective date of this policy.

Policy Month, Year, or Anniversary. A policy month, year, or anniversary is measured from the policy date.

Proceeds. The amounts payable on the maturity date, cash surrender, or death of the Insured.

Rate Class. The underwriting class of the person insured. A rate class will be determined for the Initial Basic Amount and each increase in the Basic Amount.

Request. A written request signed by the person making the request. Such request must be sent to and be in a form acceptable to us.

Rider. Any benefit, other than the Basic Plan, made a part of this policy.

OWNERSHIP PROVISIONS

Owner. The Owner is as named in the application, unless changed. You may exercise any policy provision only by request and while the Insured is alive.

Change of Owner. You may change the ownership of this policy by sending us a request while

the Insured is alive. We have the right to request this policy to make the change on it. The change will take effect the date you sign the request, but the change will not affect any action we have taken before we receive the request. A change of owner does not change the beneficiary designation.

DEATH BENEFIT AND DEATH BENEFIT OPTIONS PROVISIONS

Death Benefit. The amount of death benefit is an amount of insurance based on the death benefit option plus any insurance amounts payable under any riders on the Insured and the part of the cost of insurance for the part of the policy month beyond the Insured's death less any loan, accrued loan interest, and, if the Insured dies during the grace period, the monthly deductions from the start of the grace period.

Death Benefit Options. There are two death benefit options. If you do not choose an option, we will use option 2. The cash value on the date of death is used in determining the amount of insurance.

Option 1. The amount of insurance will be the greater of (1) the Basic Amount plus 92½% of any premium received since the last deduction date plus interest earned on that amount of premium or (2) a percentage of cash value. Such percentage is based on the Insured's age at the start of the current policy year.

Option 2. The amount of insurance will be the greater of (1) the Basic Amount plus the cash value or (2) a percentage of cash value. Such percentage is based on the Insured's age at the start of the current policy year.

Percentage of Cash Value Table			
Age	Percentage	Age	Percentage
0-40	250%	60	130%
41	243%	61	128%
42	236%	62	126%
43	229%	63	124%
44	222%	64	122%
45	215%	65	120%
46	209%	66	119%
47	203%	67	118%
48	197%	68	117%
49	191%	69	116%
50	185%	70	115%
51	178%	71	113%
52	171%	72	111%
53	164%	73	109%
54	157%	74	107%
55	150%	75-90	105%
56	146%	91	104%
57	142%	92	103%
58	138%	93	102%
59	134%	94	101%

Change in Basic Amount. You may request a

change in the Basic Amount once each policy year. The minimum amount of change is \$10,000. For any change in Basic Amount, we will send you a revised page 3 to be placed with this policy.

If you request an increase, an application must be completed, evidence of insurability satisfactory to us must be furnished, and there must be enough cash surrender value to make a monthly deduction which includes the cost of insurance for the increase. No increases will be allowed after the policy anniversary when the Insured is age 75. The revised page 3 will show the amount of the increase and its effective date.

If you request a decrease, the Basic Amount remaining after the decrease cannot be less than \$50,000. We reserve the right to not accept a request for a decrease in the Basic Amount if such decrease would result in this policy being disqualified as a life insurance contract under any section of the United States Internal Revenue Code, as amended from time to time. Any decrease will first be used to reduce the most recent increase. Then, the next most recent increases will be reduced. Finally, the Initial Basic Amount will be reduced. The revised page 3 will show the amount of decrease and its effective date. The decrease will take effect on the date we receive the request.

Change of Death Benefit Option. You may request a change of death benefit option once each policy year. For a change in death benefit option, we will send you a revised page 3 to be placed with this policy. The revised page will show the effective date of the change.

If the change is to option 1, the Basic Amount will be increased by the cash value. We reserve the right to not accept a request for a change to option 1 if such change would result in this policy being disqualified as a life insurance contract under any section of the United States Internal Revenue Code, as amended from time to time.

If the change is to option 2, the Basic Amount will be decreased by the cash value. However, the Basic Amount cannot be decreased to less than \$50,000.

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PAYMENT OF BENEFITS PROVISIONS

Beneficiary Designation. This is as shown in the application, unless you have made a change. It includes the name of the beneficiary and the order and method of payment. If you name "estate" as a beneficiary, it means the executors or administrators of the last survivor of you and all beneficiaries. If you name "children" of a person as a beneficiary, only children born to or legally adopted by that person will be included.

We may rely on an affidavit as to the ages, names, and other facts about all beneficiaries. We will incur no liability if we act on such affidavit.

Change of Beneficiary Designation. You may make a change while the Insured is alive by sending us a request. The change will take effect the date the request is signed, but the change will not affect any action we have taken before we receive the request. We have the right to request your policy to make the change on it.

Order of Payment on the Insured's Death. When the Insured dies, we will make payment in equal shares to the primary beneficiaries living when payment is made. If a primary dies after the first payment is made, we will pay that primary's unpaid share in equal shares to the other primaries living when payment is made. If the last primary dies, we will make payment in equal shares to the successor beneficiaries living when payment is made. If a successor dies while receiving payments, we will pay that successor's unpaid share in equal shares to the other successors living when payment is made. If, at any time, no primary or successor is alive, we will make a one sum payment in equal shares to the final beneficiaries. If, at any time, no beneficiary is living, we will make a one sum payment to you, if living when payment is made. Otherwise, we will make a one sum payment to the estate of the last survivor of you and all beneficiaries. "When payment is made" means (1) the date that a periodic payment is due or (2) the date that a request is signed for a cash withdrawal or a one sum payment. You may change this order of payment by sending us a request while the In-

sured is alive.

Methods of Payment. We will pay the proceeds under the Interest method unless you choose another method. If the payee is other than a natural person, we will make payment under the One Sum method.

All payment intervals are measured from the date the policy is surrendered or from the date the Insured dies. No part of any payment can be assigned before the payment is made.

After the Insured's death, anyone who has the right to make a withdrawal may change the method of payment and may name a successor to their interest. The successor payee may be their estate.

Method 1 (Interest Method). We will pay interest at the end of each monthly interval. The interest rate will be at least $4\frac{1}{2}\%$ a year. If chosen, we will pay interest at the end of 3, 6, or 12 month intervals. Withdrawals may be made at any time, but any withdrawal must be at least \$500. We will pay interest to the date of withdrawal on the amount withdrawn.

Method 2 (Fixed Years Method). We will make equal payments at the end of each monthly interval for a fixed number of years. These payments include interest. The guaranteed interest rate is $4\frac{1}{2}\%$ a year. The present value of any unpaid payments may be withdrawn at any time.

FIXED YEARS TABLE

Monthly payments that \$1000 will provide for the number of years chosen. Payments for years not shown will be given, if requested.

Years	Payments	Years	Payments
1	\$85.34	8	\$12.38
2	43.61	9	11.23
3	29.71	10	10.32
4	22.76	15	7.60
5	18.60	20	6.28
6	15.83	25	5.51
7	13.86	30	5.01

PAYMENT OF BENEFITS PROVISIONS (CONTINUED)

Method 3 (Life Income Method). We will make equal payments at the end of each monthly interval as long as the payee is alive. We base the amount of each payment on the payee's age and sex at the start of the first monthly interval. We may require proof of the payee's age and sex. The payee may not withdraw the present value of the payments. If the payee dies during a certain period, we will continue the payments to the end of the certain period; or the successor payee may have the present value of any remaining payments paid in one sum.

LIFE INCOME TABLE

Monthly payments for life that \$1000 will provide. Payments for ages not shown will be given, if requested.

Age Last Birthday	Life		Life with 10 Years Certain	
	Male	Female	Male	Female
50	\$5.06	\$4.81	\$5.02	\$4.78
55	5.47	5.14	5.40	5.09
60	6.03	5.57	5.89	5.48
65	6.82	6.16	6.56	6.01
70	7.99	7.02	7.42	6.71
75	9.80	8.30	8.44	7.61

Method 4 (Fixed Amount Method). We will make equal payments at the end of 1, 3, 6, or 12 month intervals. We will continue payments until the amount put under this method together with compound interest has been paid. The interest rate will be at least $4\frac{1}{2}\%$ a year. The payment interval chosen must provide a total annual payment of at least \$100 for each \$1000 put under this method. The unpaid balance may be withdrawn at any time.

Method 5 (Joint Life Income Method). We will make equal payments at the end of each monthly interval as long as at least one of the two payees is alive. We will base each payment on the age and sex of both payees at the start of the first monthly interval. We may require proof of the age and sex of each payee. The payees may not

withdraw the present value of any payments.

JOINT LIFE INCOME TABLE

Monthly payments that \$1000 will provide as long as at least one of the two payees is alive. Payments for age combinations not shown will be given, if requested.

Age Last Birthday	Female			
	60	65	70	75
Male				
60	\$5.07	\$5.30	\$5.51	\$5.69
65	5.22	5.54	5.87	6.17
70	5.34	5.75	6.21	6.71
75	5.43	5.91	6.51	7.22

Method 6 (One Sum Method). We will pay the cash surrender value or the proceeds in one sum. Interest at the rate of at least $4\frac{1}{2}\%$ a year will be paid from the date of the Insured's death to the date of payment.

Method 7 (Other Method). Payment by any other method may be made if we agree.

Minimum Payment. If any payment, except the last, under a method of payment would be less than \$100 per payee, we will pay the present value of any unpaid payments in one sum.

Basis of Computation for Payments. The monthly payments shown for methods 3 and 5 are guaranteed payments based on the 1971 Male Individual Annuity Mortality Table projected to 2025 using Projection Scale B and an interest rate of $4\frac{1}{2}\%$ a year.

Any present values will be based on the interest rate used in determining the payments for the method.

Additional Amounts Payable. Each year we may apportion and pay dividends or additional interest under any method of payment.

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PREMIUM PROVISIONS

Payment of Premiums. You may pay premiums at our Home Office, a regional office, or to one of our agents. We will give you a receipt signed by one of our officers, if you request one.

The initial premium is shown on page 3 and is due on the policy date. All other premiums may be paid in any amount and at any time if:

- (1) the amount is at least \$25 and
- (2) in a policy year, the total premiums, excluding the initial premium, do not exceed without our consent, the total Planned Premiums for a policy year.

Premium Limitations. We reserve the right to refund any premium paid if such premium amount would result in this policy being disqualified as a life insurance contract under any section of the United States Internal Revenue Code, as amended from time to time. No expense charge will be deducted from the refunded premium.

Grace Period. If, on any deduction date, the

cash surrender value is not enough to cover the monthly deduction, the policy will stay in force until the end of the grace period. The grace period is 61 days and starts on that deduction date. We will mail a notice at least 31 days prior to the end of the grace period to you and to any assignee of record. A premium large enough to cover the monthly deductions for the grace period and any increase in the surrender charges must be paid before the end of the grace period; otherwise, this policy will lapse and terminate without value.

Reinstatement. If the policy is terminated at the end of the grace period, you may apply to reinstate it within 5 years after lapse. You must give us proof of the Insured's insurability that is satisfactory to us. You must pay premiums (1) to keep the policy in force for 2 months and (2) to pay the monthly deductions for the grace period. Reinstatement will take effect on the date we approve the application for reinstatement.

GUARANTEED VALUES PROVISIONS

Cash Value. The cash value on the policy date is 92½% of the initial premium less the monthly deduction for the first policy month.

The cash value on any deduction date after the policy date is the cash value on the prior deduction date:

- (1) plus 92½% of any premiums received since the prior deduction date,
- (2) less the deduction for the cost of insurance for any increase in Basic Amount and the monthly charges for any riders that became effective since the prior deduction date,
- (3) less any withdrawals since the prior deduction date,
- (4) less the current monthly deduction,
- (5) plus any dividend paid and added to the cash value on the current deduction date, and
- (6) plus any interest accrued since the prior deduction date.

The cash value on any other date is the cash value on the prior deduction date:

- (1) plus 92½% of any premiums received since the prior deduction date,
- (2) less the deduction for the cost of insurance for any increase in Basic Amount and the monthly charges for any riders that became effective since the prior deduction date,
- (3) less any withdrawals since the prior deduction date, and
- (4) plus any interest accrued since the prior deduction date.

Monthly Deduction. This deduction is made each month, whether or not premiums are paid, as long as the cash surrender value is enough to cover that monthly deduction. Each deduction includes:

- (1) the cost of insurance,
- (2) the monthly charges for any riders, and
- (3) the monthly expense charge.

GUARANTEED VALUES PROVISIONS (CONTINUED)

Cost of Insurance. This cost is calculated each month. The cost is determined separately for the Initial Basic Amount and each increase in Basic Amount.

The cost of insurance is the monthly cost of insurance times the difference between (1) and (2), where:

- (1) is the amount of insurance on the deduction date at the start of the month divided by 1.0032737, and
- (2) is the cash value on the deduction date at the start of the month before the cost of insurance and the monthly charge for any waiver of monthly deduction benefit rider are deducted.

Until the cash value exceeds the Initial Basic Amount, the cash value is part of the Initial Basic Amount. Once the cash value exceeds that amount, if there have been any increases in Basic Amount, the excess will be part of the increases in order in which the increases occurred.

Monthly Cost of Insurance Rates. These rates for each policy year are based on the Insured's age on the policy anniversary, sex, and applicable rate class. A rate class will be determined for the Initial Basic Amount and for each increase. The rates shown on page 4 are the maximum monthly cost of insurance rates for the Initial Basic Amount. Maximum monthly cost of insurance rates will be provided for each increase in the Basic Amount. We can charge rates lower than those shown. Such rates can be adjusted for projected changes in mortality but cannot exceed the maximum monthly cost of insurance rates. Such adjustments cannot be made more than once a calendar year.

Interest. An interest rate of at least 4% a year will be applied to the cash value. The rate applied to the amount of cash value up to the amount of any loan may differ from the rate applied to the cash value in excess of the amount of any loan. We will determine these rates at least once a year.

Part of the interest may be forfeitable if you make a withdrawal or surrender this policy. Any forfeitable interest will not exceed interest credited to the cash value in excess of 4% a year for a 6-month period prior to the date of withdrawal or surrender.

Cash Surrender Value. You may request surrender of this policy at any time. This policy will terminate when we receive the request. We will pay you the cash surrender value plus the monthly deduction for the part of the policy month beyond the date of surrender in one sum unless you choose another method of payment. The cash surrender value of this policy is its cash value less any surrender charge, any forfeitable interest, and any loan and accrued loan interest. The cash surrender value on the maturity date will be the cash value on that date less any loan and accrued loan interest. The cash surrender value will not be less than zero. If this policy is surrendered within 31 days after a policy anniversary, the cash surrender value will not decrease within that period except for any loans or withdrawals. We may defer paying you the cash surrender value for up to 6 months after receiving your request.

Surrender Charge. The schedule of surrender charges is shown on page 4. For each increase in Basic Amount, additional surrender charges will apply. The revised page 4 will show a revised schedule of surrender charges which includes those additional charges.

Upon reinstatement, the surrender charges will be adjusted for any surrender charge deducted at the time of lapse. The revised page 4 will show a schedule of the adjusted surrender charges.

Withdrawals. You may request to withdraw part of the cash value while this policy is in force. No more than 4 withdrawals can be made in any policy year. Any withdrawal must be at least \$500 and must be less than the cash surrender value. Any forfeitable interest will be deducted from the amount withdrawn. We may defer paying you a withdrawal for up to 6 months unless the withdrawal is to pay premiums on other policies with us.

If death benefit option 1 is in effect, then the Basic Amount will be reduced by the withdrawal, effective with the date of the withdrawal; however, no withdrawal can be made which will reduce the Basic Amount to less than \$50,000. The reduction will be made as if a decrease in the Basic Amount had been requested.

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GUARANTEED VALUES PROVISIONS (CONTINUED)

Paid-up Insurance. You may request that this policy be continued as paid-up endowment at age 95 insurance. The amount of paid-up insurance will be determined based on the cash value, an interest rate of 4% a year, and the maximum monthly cost of insurance rates. If more than one rate class applies to this policy, the rate class for the Initial Basic Amount will be used.

Basis of Computation. The guaranteed values in this policy are at least as large as those

required by law in the state where it is delivered. The insurance authority there has a statement of how these values are determined.

The guaranteed values and maximum cost of insurance rates are based on the Insured's age last birthday and sex. The interest rate is 4% a year. The Commissioners 1980 Standard Ordinary Mortality Table is used. Modifications are made for rate classes other than standard.

POLICY LOAN PROVISIONS

Loan. You may borrow against this policy. This policy is the sole security for such loan. We may defer a loan for up to 6 months after receiving your request unless the loan will be used to pay premiums on other policies with us.

You may borrow the loan value less any existing loan and accrued interest. If your unpaid loan plus accrued interest exceeds the loan value on the monthly deduction date, the Grace Period provision will apply.

Loan Value. The loan value is the cash value of this policy less the surrender charge and any forfeitable interest.

Loan Interest. Interest accrues and is payable each day at a rate of 8% a year. Any interest not paid is added to the loan on each policy anniversary.

Loan Repayment. You may repay all or part of a loan at any time before the Insured dies or the policy is surrendered or terminated.

GENERAL PROVISIONS

The Contract. The policy contains the Basic Plan, any amendments, endorsements, and riders, and a copy of the application. A copy of any application for a change to this policy will be sent to you to be placed with the policy. Such applications become part of this policy. The policy is the entire contract. We have relied on the statements in the application in issuing this policy. We reserve the right to investigate the truth and completeness of those statements. In the absence of fraud, they are representations and not warranties. Only statements in the application will be used to rescind this policy or deny a claim.

Only an officer has the right to change this policy. No agent has the authority to change the policy or to waive any of its terms. All endorsements,

amendments, and riders must be signed by an officer to be valid.

Annual Report. Each year, we will send you a report. This report will show:

- (1) the cash value, the cash surrender value, any loan and accrued loan interest, and the amount of the death benefit as of the date of the report and
- (2) any premiums paid, any deductions made, and any withdrawals made since the last report.

Projection of Benefits and Values. You may request a projection of death benefits, cash values, and cash surrender values. We may charge a reasonable fee for providing this projection.

GENERAL PROVISIONS (CONTINUED)

Annual Dividends. We do not expect to pay dividends on the Basic Plan; however, we may apportion and pay dividends each year. Any such dividends will be paid at the end of the policy year.

Dividend Options. You may choose to have your dividend used under one of these options:

1. **Cash.** We will pay it to you in cash.
2. **Addition to Cash Value.** We will add it to the cash value on the policy anniversary.

If you do not choose an option or the option you choose is not available, we will use option 2. You may request to change the option. The change will apply only to dividends paid after we receive the request.

Assignment. You may assign this policy or any interest in it. We will recognize an assignment only if it is in writing and filed with us. We are not responsible for the validity or effect of any assignment. An assignment may limit the interest of any beneficiary.

Error in Age or Sex. If the Insured's date of birth or sex is not as stated in the application, we will adjust each benefit on the Insured to the benefit payable had the Insured's age and sex been stated correctly. Such adjustment will be based on the ratio of the correct monthly deduction for the most recent deduction date for that benefit to the monthly deduction that was made.

For the Basic Plan, the adjustment is made to the amount of insurance less the cash value.

Incontestability. We will not contest the Basic Plan as to statements made in the application after 2 years from the issue date of the policy. We will not contest any increase in Basic Amount or reinstatement after 2 years from the effective date of the increase in Basic Amount or reinstatement. We will not contest an increase due to a change to Death Benefit Option 1. Any contest of any increase in Basic Amount or reinstatement will be limited to material statements contained in the application for such increase or reinstatement.

Limited Death Benefit. If the Insured dies by suicide while sane or by self-destruction while insane within 2 years from the issue date of the policy, the Basic Amount will not be paid. The proceeds in this case will be limited to the premiums paid on the Basic Plan less any loan, accrued loan interest, any withdrawals from the cash value, and any dividends paid on the Basic Plan.

Any increase in Basic Amount will not be paid if the Insured's death results from suicide while sane or self-destruction while insane within 2 years from the effective date of such increase. The proceeds of the increase will be limited to the monthly deductions for the increase. This does not apply to an increase due to a change to Death Benefit Option 1.

ADDITIONAL INSURED'S LEVEL TERM LIFE INSURANCE BENEFIT RIDER

General. This rider is part of your policy. It is based on the application for this rider and the deduction of the monthly charges for this rider. Only certain policy provisions are a part of this rider. They are "Definitions," "Ownership," "Payment of Benefits," "Grace Period," "Reinstatement," "Monthly Deduction," "Dividend," "The Contract," "Assignment," and "Error in Age or Sex." "Ownership" is modified by "Ownership Modification." "Additional Insured" is used in place of "Insured" in the Reinstatement and Error in Age or Sex provisions when they apply to this rider. The Additional Insured is named on page 3.

Additional Insured's Level Term Life Insurance Benefit. The amount is shown on page 3 of the policy. This amount will be paid when due proof is received that the Additional Insured died before this rider terminated.

Monthly Charges for This Rider. The maximum monthly charges for this rider are shown per \$1000 on page 4. The charges for each policy year are based on the Additional Insured's age on the policy anniversary, sex, and rate class for this rider. We can use charges lower than those shown. Such charges can be adjusted for projected changes in mortality but cannot exceed the maximum monthly charges. Such adjustments cannot be made more than once a calendar year.

Ownership Modification. If the Insured is the Owner, the Additional Insured will become the Owner when the Insured dies.

Beneficiary. When the Additional Insured dies, we will make payment to you, if then living. Otherwise, we will make payment in equal shares to any surviving children born to or legally adopted by the Insured and Additional Insured if they were husband and wife. Otherwise, we will make payment to the Additional Insured's estate. We will make the payment in one sum. You may request that this provision be changed.

Conversion. While this rider is in force, you may request to convert this rider to a new policy on the Additional Insured. The conversion must

occur on or before the policy anniversary when the Additional Insured is age 75. The request must include this policy and the first premium for the new policy. The new policy becomes effective when we receive that request. Coverage under this rider will terminate when the new policy becomes effective. Pages 3 and 4 of the policy will then be revised.

If the Insured dies while this rider can be converted, the request to convert must be received within 90 days after the Insured dies. The effective date of the new policy will be the day after the end of the 90-day period. Coverage continues until the end of that period.

The new policy will be subject to the following conditions at the time of conversion:

- (1) It must be a whole life plan then available. At least one plan will be made available.
- (2) The amount of insurance can be no more than the amount then provided by this rider.
- (3) The premium will be based on the Additional Insured's attained age, sex, and rate class. The rate class will be the same as for this rider.
- (4) All limitations of this rider will be part of the new policy.
- (5) The Incontestability and Limited Death Benefit provisions in the new policy will not extend beyond the period set by this rider.

Termination. This rider will terminate on the earlier of the policy anniversary shown under Benefit Period Ends on page 3 or the policy anniversary when the Additional Insured is age 85. We will terminate this rider before either of those dates (1) when this rider is converted, (2) when the policy is terminated by surrender or lapse, or (3) 90 days after the Insured's death.

You may request termination of this rider. You must send us the request and the policy. This rider will terminate on the date the request and the policy are received. We will revise pages 3 and 4 of the policy to show this change.

WAIVER OF MONTHLY DEDUCTION BENEFIT RIDER
--

General. This rider is part of your policy. It is based on the application for this rider and the deduction of the monthly charges for this rider. Only certain policy provisions are a part of this rider. They are "Definitions," "Ownership," "Death Benefit and Death Benefit Options," "Grace Period," "Reinstatement," "Monthly Deduction," "The Contract," "Assignment," and "Error in Age or Sex."

Monthly Charge for This Rider. The monthly charge is (1) times (2) where:

- (1) is the total monthly deduction to which this benefit applies before the monthly charge for this rider is added and
- (2) is the monthly charge for this rider per dollar of monthly deduction. The charges per dollar of monthly deduction are shown on page 4.

Waiver of Monthly Deduction Benefit. If the Insured becomes totally disabled while this rider is in force and such total disability has existed for 6 continuous months during the lifetime of the Insured, we will waive monthly deductions for this policy as defined below as long as the total disability continues. We will only waive monthly deductions on deduction dates on and after total disability starts. Any monthly deductions made after the total disability starts will be added to the cash value, with interest; however, no monthly deduction will be included which was deductible more than one year prior to the date we receive notice of the claim. If Death Benefit Option 1 is in effect, it will be automatically changed to Death Benefit Option 2. The effective date of the death benefit option change will be the date we start to waive monthly deductions.

The monthly deduction that will be waived includes only those portions of the total monthly deduction for which a charge for this rider was deducted on the deduction date on or just prior to the date total disability starts.

If part of the monthly deduction that is being waived is for the cost of insurance on the Basic Amount, any increase in its surrender charges

that would occur while the total disability continues will be waived.

Total Disability Defined. Total disability is a condition caused by injury or disease. During the first 24 months, this condition must prevent the Insured from performing substantially all of the work of the Insured's regular occupation. After the first 24 months, the condition must prevent the Insured from working in any occupation for which the Insured is, or becomes, reasonably qualified based upon education, training, or experience. The Insured's total and irrecoverable loss, caused by injury or disease, of any of the following will be considered total disability even if the Insured is able to work:

- (1) sight in both eyes.
- (2) use of both hands.
- (3) use of both feet.
- (4) use of one hand and one foot.

Disabilities Not Covered. We will not waive monthly deductions if total disability:

- (1) starts before the issue date of this rider unless such disability was disclosed in the application,
- (2) starts before the policy anniversary when the Insured is age 5,
- (3) results from an intended self-injury, or
- (4) results from any act due to war whether or not the Insured is in the military service. "War" means declared or undeclared war or conflict involving the armed forces of one or more countries, governments, or international organizations.

Notice and Proof of Total Disability. We must receive notice of a claim and due proof of total disability while the Insured is alive and totally disabled. If this is not done, you should submit such notice and proof as soon as reasonably possible. We may also require you to submit proof of the Insured's continuing total disability at reasonable intervals. If you do not submit proof when we require it, no further monthly deductions will be waived. We will not require proof more than once a year after the total disability has lasted more than 2 years.

Part (E)

Change of Beneficiary

A separate form is required for each insured person whose beneficiary is to be changed

To: ☒ State Farm Life Insurance Company☐ State Farm Life and Accident Assurance Company

Re: Policy Numbers

0939-2349

Name of Insured

G. Bryant Millwood

This change is applied to

☐ Principal Insured☐ Additional Insured

Name of Additional Insured

I request payment of any sum payable on the insured person's death be made as shown below. Payment will be subject to any assignment provisions for payment upon the insured person's death are revoked, when this request is recorded. For Additional Insured's or Children's, Insured's beneficiary provisions are revoked, and the policy's beneficiary provisions will control. "Additional Insured", "Insured Child" or "Annu" used in place of "Insured".

COMPLETE SECTIONS FOR ALL BENEFICIARIES, EVEN IF UNCHANGED, GIVING THE FULL NAME, DATE OF BIRTH, ADDRESS FROM THE INSURED'S) AND RELATIONSHIP TO THE INSURED PERSON FOR EACH. Please type or print in ink and initial any cross-

Beneficiaries

Primary - Name, Date of Birth, Relationship, Address, Taxpayer Identification Number (if available)

Sondra D. Peeler (same) just got married

Successor - Name, Date of Birth, Relationship, Address, Taxpayer Identification Number (if available)

Same

The change will take effect in accordance with policy provisions, but the change will not affect any action we may have taken before we receive this request. If the policy requires endorsement, mailing an acknowledgment of the beneficiary change to me will serve as the endorsement.

Special Provisions: The Company will not be responsible for use of any sum payable by a trustee or authorized representative of a beneficiary. Payment to a trustee or authorized representative of a beneficiary will fully discharge all liability of the Company to the extent of such payment. If a trust is not in force, or if qualifying conditions for trust under will are not met, payment will be made to the succeeding beneficiary, if any. Qualifying Conditions for Trust under Will: The Will must be admitted to Probate within 180 days after insured person's death and trustee must survive within 1 year after insured person's death.

Unless changed by this request:

- Two or more surviving beneficiaries of a class will share equally.
- If children of a person are named as a class, only children born to or legally adopted by that person will be included as beneficiaries.
- Any beneficiary to whom "time clause" applies will be deemed not to have survived the insured person if that beneficiary is not living on the date of insured person's death.

Signature of Policyowner

G. Bryant Millwood

Date

04/12/12

Agent's Code Stamp

W. BRADEY

40-1786

FIRE 40

UPSTATE EAST FAFO

F897

Signature of Agent or Witness

Judy S. Lafford

Date

4/17/12

APPLICATION FOR LIFE INSURANCE

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PAGE 1

STATE FARM LIFE INSURANCE COMPANY

1a Proposed Insured 1 (Print name in full) S

MR <input type="checkbox"/> LAST NAME	FIRST NAME	MIDDLE INITIAL
MS <input type="checkbox"/> MILLWOOD	GETTYS	AF BRYANT
ED. NO.	DRIVERS LICENSE NUMBER & STATE	
6192	1315484 SC	
MAIL ADDRESS		
1010 Berry Drive		
SPARTANBURG SC	27303	
SEX	AGE	MARITAL STATUS
M	45	47 Married
HEIGHT	WEIGHT	STATE OF BIRTH
5'7 1/2	200	South Carolina
OCCUPATION (GIVE EXACT DUTIES)	U.S. OR CANADIAN CITIZEN	YES NO
Deputy Sheriff	<input type="checkbox"/>	<input type="checkbox"/>
EMPLOYER'S NAME AND ADDRESS		
SC. Hwy Dept.		

2a Proposed Insured 2 (Additional Insured or Payor)

MR <input type="checkbox"/> LAST NAME	FIRST NAME	MIDDLE INITIAL
MS <input type="checkbox"/> MILLWOOD	JANE W	
ED. NO.	DRIVERS LICENSE NUMBER & STATE	
8786	1468612 SC	
SEX	AGE	MARITAL STATUS
F	44	47 Married
HEIGHT	WEIGHT	STATE OF BIRTH
5'6 1/2	130	SC
OCCUPATION (GIVE EXACT DUTIES)	U.S. OR CANADIAN CITIZEN	YES NO
Deputy Sheriff	<input type="checkbox"/>	<input type="checkbox"/>
EMPLOYER'S NAME AND ADDRESS		
SC. Hwy Dept		

3a Applicant's Name (If not Proposed Insured 1, print name in full)

LAST NAME	FIRST NAME	MIDDLE INITIAL
SOC. SEC. OR TAX IDENTIFICATION NO.	If mailing address not same as Proposed Insured 1, provide in Explanations.	

b If Proposed Insured 1 is under age 16, name who is to succeed the Applicant as Owner. (Print name in full)

c If Proposed Insured 1 is under age 16, check here if Proposed Insured 1 is NOT to be Owner at and after age 21. ☐

4 If the application is for a change in a State Farm policy, give the policy number. 0939 2349

5 (Note: If Universal Life do NOT complete questions 5-7)

a Basic Amount and Plan applied for:

CD	MTG	YRS	INT.
----	-----	-----	------

b Riders applied for: (Check Ratebook for availability of riders on policies)

AD	AMOUNT	10 YR	AMOUNT
DA		GM	
GWO	AMOUNT	1 YR	AMOUNT
DC		EP	
CTR ¹	UNITS	AI	2 YRS INT. AMOUNT
EP		MTG	
PAYOR ²		AV	2 AMOUNT
CH		RT	
MTG	YRS INT. AMOUNT	AI	2 AMOUNT
EL		RT	
5 YR	AMOUNT	AI	2 AMOUNT
RT		RT	

1 - COMPLETE QUESTIONS 13 & 14
2 - COMPLETE QUESTIONS FOR PROPOSED INSURED 2

6 Dividend Option - If the option chosen is not available or no option is chosen, policy provisions determine the option.

☐ Paid-up Additions ☐ Accumulate ☐ Reduce Premium
☐ Cash Payment ☐ Fifth Dividend Option
7 Do you want the Automatic Premium Loan provision to apply, if available? YES NO ☐ ☐

8 UNIVERSAL LIFE

a Initial Basic Amount

100,000

b Death Benefit Option: (COMPLETE FOR NEW POLICY OR TO CHANGE THE DEATH BENEFIT OPTION)

If option not chosen, policy provisions determine option.
☒ 1-Basic Amount ☐ 2-Basic Amount plus Cash Value

c Riders applied for:

AD	AMOUNT	GWO	AMOUNT
DA		DC	
CTR ¹	UNITS	AI	2 AMOUNT
EP		MTG	
		AV	2 AMOUNT
		RT	

1 - COMPLETE QUESTIONS 13 & 14
2 - COMPLETE QUESTIONS FOR PROPOSED INSURED 2

d Dividend Option: If option not chosen, policy provisions determine option. ☒ Addition to Cash Value ☐ Cash Payment

e Planned Premium:

(1) Mode of Payment ☐ ANNUAL ☒ PAC ☐ OTHER SPEC. MO.(2) Amount ☐ (AMOUNT TO BE BILLED EACH PAYMENT DATE)

f Increase or Decrease in Basic Amount (DO NOT COMPLETE FOR NEW POLICY)

Amount of Increase 50,000 Amount of Decrease

Note: For a decrease in Basic Amount or a change in Death Benefit Option under a Universal Life policy, it is NOT necessary to complete questions 9-21.

9 Beneficiary Designation Proposed Insured 1

Completion of this section will replace all previous rider and policy designations for this policy.

PR	PRIMARY-FULL NAME	AGE	RELATIONSHIP
	JANE MILLWOOD	47	Wife
FG	<input type="checkbox"/> Interest Option or <input type="checkbox"/> One Sum or <input type="checkbox"/> Other-Explain		

PR	SUCCESSOR-FULL NAME	AGE	RELATIONSHIP
	TINA A. Bishop	30	Daughter
FG	<input type="checkbox"/> Interest Option or <input type="checkbox"/> One Sum or <input type="checkbox"/> Other-Explain		

PR	PRIMAL-FULL NAME	AGE	RELATIONSHIP
	LYNDON BEAU MILLWOOD	27	Son
	One Sum Settlement Only		

If a beneficiary survives the Insured, any payment to successor will be one sum, unless changed.

10 Beneficiary Designation for Proposed Insured 2

(Complete for Additional Insured's rider only if Beneficiary provision in the rider is NOT desired.) If a Change of Plan, this will replace previous designations. If this section is completed, the Payment of Benefit Provisions of the policy will control rather than the Beneficiary provision of such rider. "Additional Insured" would be used in place of "Insured."

PR	PRIMARY-FULL NAME	AGE	RELATIONSHIP
	GETTYS BRYANT MILLWOOD	47	Husband
	<input type="checkbox"/> Interest Option or <input type="checkbox"/> One Sum or <input type="checkbox"/> Other-Explain		

PR	SUCCESSOR-FULL NAME	AGE	RELATIONSHIP
	TINA A. Bishop	30	Daughter
	<input type="checkbox"/> Interest Option or <input type="checkbox"/> One Sum or <input type="checkbox"/> Other-Explain		

PR	PRIMAL-FULL NAME	AGE	RELATIONSHIP
	LYNDON BEAU MILLWOOD	27	Son
	One Sum Settlement Only		

If a beneficiary survives the Additional Insured, any payment to successor will be one sum, unless changed.

11a Do you have personal and business life insurance of \$125,000 or more? (If yes, give amounts and details) YES NO YES NO ☐ ☐ ☒ ☒b Do you have accidental death insurance excluding group? (If yes, and AD applied for, give amount) ☐ ☒c Will this policy replace or change insurance or annuities you now have? (If yes, explain) ☒ ☒ ☒d Are you now applying for life or health insurance with any other company? (If yes, state companies & amounts) ☒ ☒ ☒e Do you plan to leave or travel from the United States or Canada in the next 6 months? (If yes, explain) ☒ ☒ ☒

12 If Proposed Insured 1 is under age 16, give the amount of life insurance in force on Father and on Mother (If none, so indicate)

(COMPLETE QUESTIONS 13 & 14 ONLY IF CTR IS APPLIED FOR)

NAME (IF LAST NAME DIFFERENT EXPLAIN)	RELATIONSHIP TO PROPOSED INSURED 1	BIRTH DATE			AMOUNT NOW INSURED FOR
		MO.	DAY	YR.	

14 Have any children named above: (If yes, explain)

a been a patient in a hospital, clinic, or emergency room within the last 3 years? YES NO ☐ ☐

b had treatment or advice from a doctor within the last 3 years? ☐ ☐

c had asthma, epilepsy, diabetes, cancer or leukemia? ☐ ☐

d had a birth defect, mental disorder, or impairment of sight, hearing, or speech? ☐ ☐

APPLICATION FOR LIFE INSURANCE

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<p>15 Have you ever: (If yes, explain)</p> <p>*a been unable to obtain life or health insurance at the plan, amount, or rate applied for? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>b been rejected by or discharged from the armed forces for mental or physical reasons? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>c applied for or received disability benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>d had an impairment or loss of sight, hearing, or limb? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>16 Have you, in the last 10 years, had or been treated for: (If yes, circle and explain)</p> <p>a mental, nervous, convulsive, or epileptic disorder? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>b pneumonia, emphysema or asthma? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>*c high blood pressure or stroke? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>*d heart murmur, chest pain, or heart attack? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>*e tumor, cancer, or lymph gland disorder? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>f diabetes, arthritis, venereal or kidney disease? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>g chronic diarrhea, unexplained weight loss, ulcer, colitis, liver or intestinal disorder? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>h anemia, immune deficiency or other blood disorder? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>i recurrent fever, fatigue or night sweats? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>17 Have you, in the last 5 years: (If yes, explain)</p> <p>a used cocaine, marijuana, hallucinogenic drugs or narcotics not prescribed by a physician? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>b been treated or counseled, or been advised to seek treatment or counsel, for alcohol or drug use? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>18 Have you, in the last 5 years, for any reason not previously explained: (If yes, explain)</p> <p>a had treatment or advice from any doctor? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>b had treatment or advice from any psychiatrist or psychologist? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>c been a patient in a hospital or emergency room? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>d taken prescribed medication? (If yes, list and explain) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>e had surgery or been told surgery was necessary? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>19 Have you, in the last 3 years: (If yes, explain)</p> <p>a flown as a pilot, crew member, or student pilot in aircraft such as an airplane, helicopter, glider, or ultralight? Or, is such activity planned in the next 6 months? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>*b engaged in avocations such as mountain or rock climbing, vehicle racing, scuba, skin, or sky diving? Or, is such activity planned in the next 6 months? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>c had your drivers license suspended or revoked, had 3 or more moving violations, had 2 or more chargeable accidents, or been charged with driving under the influence of alcohol or drugs? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>20a Do you now smoke cigarettes? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give number smoked per day <u>15</u></p> <p>b Did you previously smoke and quit? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give date last smoked (Mo/Yr) _____</p> <p>c Are you using tobacco in any other form? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, specify _____</p> <p>21 Family History</p> <p>a Is your father, mother or any brother or sister deceased? (If yes, identify family member and give the age at death and cause) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>b Has your father, mother or any brother or sister ever had diabetes, cancer, kidney disease or mental illness? Have any had high blood pressure, stroke or heart disease before age 60? (If yes, explain and identify family member) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>*AGENT- If yes, it may be advisable not to collect money or give a Binding Receipt-Consult Agents Service for specific instructions.</p> <p>22 Explanations: (If space below is insufficient, use additional sheets, which will be part of this Application. Sheets must be signed and dated by Proposed Insured(s), and/or Applicant, and witnessed by Agent.)</p>
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QUESTION NUMBER	NAME OF PERSON	NATURE AND SEVERITY OF CONDITION FREQUENCY OF ATTACKS - TREATMENTS RECEIVED	DATES ONSET MO/YR	RECOVERY MO/YR	NAME & ADDRESS OF MEDICAL ATTENDANTS AND HOSPITALS
16C18A	JANE	High Blood Pressure	52	Still	Dr. Johnson Family Phy
18AC+E	Gettys	Motor Cycle Accident	288	688	Dr. Bellas General Physic
21A+B	JANE	Father died 1/92 age 76 lung cancer			Westgate Family Phy
21A+B	Gettys	Father died 1/70 age 57 heart attack			
		Mother died 1/75 age 59 natural causes			

Coverage will be effective as of the policy date, if the following conditions are met: the first premium is paid when the policy is delivered; the Proposed Insureds are all living on the delivery date; and, on that delivery date, the information given to State Farm Life is true and complete without material changes to the best of their knowledge and belief.

For changes in Basic Amount or in the Death Benefit Option for a Universal Life Policy, the change will be effective on the deduction date on or next following acceptance of the change by State Farm Life if, on such deduction date, the following conditions are met: there is enough cash surrender value to make the required deduction; the Proposed Insureds are all living; and the information given to State Farm Life is true and complete without material changes to the best of their knowledge and belief.

However, if a binding receipt has been given and is in effect, its terms will apply.

All Proposed Insureds and the Applicant state that the information in this application and any medical history is true and complete to the best of their knowledge and belief. It is agreed that State Farm Life can investigate the truth and completeness of such information while the policy is contestable.

By accepting the policy, the Owner agrees to the beneficiaries named, method of payment and corrections made. No change in plan, amount, benefits, or age at issue may be made on the application unless the Owner agrees in writing. Only an authorized company officer may change the policy provisions. Neither the agent nor a medical examiner may pass on insurability.

Social Security or Tax Identification Number (TIN) Certification - SEE INSTRUCTIONS ON REVERSE SIDE. By signing this application, I certify under penalties of perjury that (1) the TIN shown on page 1 of this application is correct, and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. (If you are subject to backup withholding, cross out item 2.)

Any policy issued on this application will be owned by Proposed Insured 1, or the Applicant, if other than Proposed Insured 1.

Dated on September 11th 1992
 at Spartanburg, S.C.
 SIGNATURE OF AGENT AS WITNESS TO ALL SIGNATURES [Signature]
 SIGNATURE OF PROPOSED INSURED 1 [Signature]
 SIGNATURE OF PROPOSED INSURED 2 [Signature]
 SIGNATURE OF APPLICANT [Signature]
NOT REQUIRED UNLESS APPLICANT IS OTHER THAN PROPOSED INSURED 1. IF A FIRM OR CORPORATION IS TO BE THE OWNER GIVE ITS NAME AND SIGNATURE OF AUTHORIZED OFFICER.

A I



STATE FARM INSURANCE COMPANIES

HOME OFFICES: BLOOMINGTON, ILLINOIS 61710-0001

MEDICAL EXAMINER'S REPORT - ADULT (PARAMEDICAL)

STATE FARM LIFE INSURANCE COMPANY

(Not licensed in New York or Wisconsin)

STATE FARM LIFE AND ACCIDENT ASSURANCE COMPANY

(Licensed in New York and Wisconsin)

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
HEALTH INSURANCE DEPARTMENT

MEDICAL HISTORY portion of LIFE and/or HEALTH INSURANCE APPLICATION

File No.(s)

1. a. Name of Proposed Insured <u>Jane W millwood</u>		Birthdate <u>44</u>		b. Name and Address of Personal Physician (If none, so state.) <u>Dr Terry Johnson Powell mill Rd Sptbg S.C. 29301</u>	
c. Date and Reason Last Seen and Treatment Given? (List medications prescribed, indicating those still being administered.) <u>2-1992 Sinus infection. Antibiotics given Full Recovery.</u>					
2. Have you ever been treated for or had any known indication of:		Yes	No	9. Within the last 3 years have you claimed or received any benefits because of injury, sickness, or disability?	
a. Disorder of eyes, ears, nose, or throat?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Dizziness, fainting, epilepsy, convulsions; frequent or severe headaches; paralysis or stroke; or mental or nervous disorder?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. a. Do you now smoke cigarettes? If yes, give number smoked per day. <u>1/2 pack day.</u>	
c. Shortness of breath, allergy, asthma, emphysema, pneumonia or other respiratory disorder?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Did you previously smoke and quit? If yes, give date last smoked.	
d. Chest pain, <u>high blood pressure</u> , heart murmur, heart attack, or other disorder of the heart?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Are you using tobacco in any other form? If yes, specify.	
e. Ulcer, hernia, chronic diarrhea, or colitis; or disorder of the stomach, intestines, liver, or <u>gallbladder</u> ?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Family History:	
f. Varicose veins, hemorrhoids, or rectal disorder?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. Is your father, mother, or any brother or sister deceased? (If yes, identify family member and give the age at death and cause.)	
g. Sugar, albumin, blood or pus in the urine; stones or other disorder of the kidneys, bladder, or prostate?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Has your <u>father</u> , mother, or any brother or sister had high blood pressure, stroke, or heart disease before age 60; or ever had diabetes, <u>cancer</u> , kidney disease, or mental illness? (If yes, identify family member and explain.)	
h. Diabetes; <u>thyroid</u> or other endocrine disorders?		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
i. Disorder of the breasts or reproductive organs; venereal disease; or complications of pregnancy including cesarean section?		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
j. Arthritis; injury or disorder of the spine, neck or back, arm, leg, shoulder, wrist, hand, hip, knee, ankle, or foot?		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
k. Deformity or amputation?		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
l. Disorder of skin or lymph glands, cyst, tumor, or cancer?		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
m. Leukemia, anemia, immune deficiency or any other blood disorder?		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
n. Recurrent fever, fatigue or night sweats?		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3. Are you now receiving any treatment or taking medication?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	DETAILS of "Yes" answers. (IDENTIFY QUESTION NUMBER, CIRCLE APPLICABLE ITEMS: Include diagnoses, dates, duration, and names and addresses of all attending physicians and medical facilities.)	
4. To the best of your knowledge and belief, are you now pregnant?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>2(D) Same doctor as 1(B). Takes Vasotec 10 mg. one daily.</u>	
5. Have you in the last 5 years:		<u>2(E) client had Gallbladder removed 1980. Dr Hull Serpentine Drive Spartanburg S.C. 29301. Mary Black Memorial Hospital Skylan Dr Spartanburg S.C. 29301.</u>			
a. Used cocaine, marijuana, hallucinogenic drugs, or narcotics not prescribed by a physician?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>2(H) 1960 client had Thyroid operation. Not sure doctors name. Now taking Synthroid 0.1mg.</u>	
b. Been treated or counseled, or been advised to seek treatment or counsel, for alcohol or drug use?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>2(I) client had full hysterectomy 6 years ago. not sure doctors name. Mary Black Memorial Hospital Skylan Dr Sptbg S.C. 29302. Full Recovery. Takes Premarin 1.25 mg.</u>	
6. Have you had any unexplained change in weight in the past year?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>3 per 21 21 20.</u>	
7. Other than above, have you within the past 5 years:		<u>11A Father died age 76 Cancer.</u>			
a. Had any mental or physical disorder not listed above?		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b. Had a checkup, consultation, illness, injury, or surgery?		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
c. Been a patient in a hospital, clinic, sanatorium, or other medical facility?		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
d. Had electrocardiogram, x-ray, or other diagnostic test?		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
e. Been advised to have any diagnostic test, hospitalization or surgery which was not completed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
8. Have you ever had military service deferment, rejection or discharge because of a physical or mental condition?		<input type="checkbox"/>	<input checked="" type="checkbox"/>		

I state that all information in this medical history is true and complete to the best of my knowledge and belief. This medical history will be part of my application.

Witness X

Signature of Examiner or Paramedical Laboratory Technician

Dated On

Month

Day

Year

X

Signature of Proposed Insured



STATE FARM INSURANCE COMPANIES

HOME OFFICES: BLOOMINGTON, ILLINOIS 61710-0001

MEDICAL EXAMINER'S REPORT - ADULT (PARAMEDICAL)

MEDICAL HISTORY portion of LIFE and/or HEALTH INSURANCE APPLICATION

File No.(s)

0939-2349

1. a. Name of Proposed Insured

Birthdate

b. Name and Address of Personal Physician (If none, so state.)

Gettys B Millwood

45

DR Bells Powell Mill Rd Spk, S.C.

c. Date and Reason Last Seen and Treatment Given? (List medications prescribed, indicating those still being administered.)

24301

1 year ago for cold. Antibiotics given Full Recovery

2. Have you ever been treated for or had any known indication of:

Yes No

- a. Disorder of eyes, ears, nose, or throat? ☐ Yes ☒ No
- b. Dizziness, fainting, epilepsy, convulsions; frequent or severe headaches; paralysis or stroke; or mental or nervous disorder? ☐ Yes ☒ No
- c. Shortness of breath, allergy, asthma, emphysema, pneumonia or other respiratory disorder? ☐ Yes ☒ No
- d. Chest pain, high blood pressure, heart murmur, heart attack, or other disorder of the heart? ☐ Yes ☒ No
- e. Ulcer, hernia, chronic diarrhea, or colitis; or disorder of the stomach, intestines, liver, or gallbladder? ☐ Yes ☒ No
- f. Varicose veins, hemorrhoids, or rectal disorder? ☐ Yes ☒ No
- g. Sugar, albumin, blood or pus in the urine; stones or other disorder of the kidneys, bladder, or prostate? ☐ Yes ☒ No
- h. Diabetes; thyroid or other endocrine disorders? ☐ Yes ☒ No
- i. Disorder of the breasts or reproductive organs; venereal disease; or complications of pregnancy including cesarean section? ☐ Yes ☒ No
- j. Arthritis; injury or disorder of the spine, neck or back, arm, leg, shoulder, wrist, hand, hip, knee, ankle, or foot? ☐ Yes ☒ No
- k. Deformity or amputation? ☒ Yes ☐ No
- l. Disorder of skin or lymph glands, cyst, tumor, or cancer? ☐ Yes ☒ No
- m. Leukemia, anemia, immune deficiency or any other blood disorder? ☐ Yes ☒ No
- n. Recurrent fever, fatigue or night sweats? ☐ Yes ☒ No

3. Are you now receiving any treatment or taking medication? ☐ Yes ☒ No4. To the best of your knowledge and belief, are you now pregnant? ☐ Yes ☒ No

5. Have you in the last 5 years:

- a. Used cocaine, marijuana, hallucinogenic drugs, or narcotics not prescribed by a physician? ☐ Yes ☒ No
- b. Been treated or counseled, or been advised to seek treatment or counsel, for alcohol or drug use? ☐ Yes ☒ No

6. Have you had any unexplained change in weight in the past year? ☐ Yes ☒ No

7. Other than above, have you within the past 5 years:

- a. Had any mental or physical disorder not listed above? ☐ Yes ☒ No
- b. Had a checkup, consultation, illness, injury, or surgery? ☐ Yes ☒ No
- c. Been a patient in a hospital, clinic, sanatorium, or other medical facility? ☐ Yes ☒ No
- d. Had electrocardiogram, x-ray, or other diagnostic test? ☐ Yes ☒ No
- e. Been advised to have any diagnostic test, hospitalization or surgery which was not completed? ☐ Yes ☒ No

8. Have you ever had military service deferment, rejection or discharge because of a physical or mental condition? ☐ Yes ☒ No

I state that all information in this medical history is true and complete to the best of my knowledge and belief. This medical history will be part of my application.

Witness X

Signature of Examiner or Paramedical Laboratory Technician

Dated On

Month

Day

Year

STATE FARM LIFE INSURANCE COMPANY

(Not licensed in New York or Wisconsin)

STATE FARM LIFE AND ACCIDENT ASSURANCE COMPANY

(Licensed in New York and Wisconsin)

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

HEALTH INSURANCE DEPARTMENT

DETAILS OF "Yes" answers. (IDENTIFY QUESTION NUMBER, CIRCLE APPLICABLE ITEMS: Include diagnoses, dates, duration, and names and addresses of all attending physicians and medical facilities.)

2(k) client had industrial accident. 1969. Thumb was amputated. at top joint only. Full Recovery. DR Hannah Serpentine Drive Spartanburg S.C. 29301.

Client also hurt one finger on right had lost top part and nail. DR. Fluenderburke Gillon Cr. Spartanburg S.C. 29302.

11 A father died age 57 heart Attack. mother died age 59 natural causes

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APPLICATION FOR LIFE INSURANCE

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STATE FARM LIFE INSURANCE COMPANY

1a Proposed Insured 1 (Print name in full)

MR ☒ LAST NAME Millwood FIRST NAME Gettys MIDDLE INITIAL B
 SEX M DATE OF BIRTH 8-15-43 STATE SC
 MAIL ADDRESS #1 Brookstone Ct
Wallford, SC 29385
 SEX M AGE 43 MARITAL STATUS M
 HEIGHT 5'9" WEIGHT 190 STATE OF BIRTH SC U.S. OR CANADIAN CITIZEN ☒
 OCCUPATION (GIVE EXACT DUTIES) Police Officer
 EMPLOYER'S NAME AND ADDRESS Spartanburg Co. Sheriff Dept Spg 29385

Note: For a decrease in Basic Amount or a change in Death Benefit Option under a Universal Life policy, it is NOT necessary to complete questions 9-21.

9 Beneficiary Designation Proposed Insured 1

Completion of this section will replace all previous rider and policy designations for this policy.

PRIMARY-FULL NAME Jane W Millwood AGE 48 RELATIONSHIP Wife
☒ Interest Option or ☐ One Sum or ☐ Other-Explain

SUCCESSOR-FULL NAME Tina A. Bishop AGE 26 RELATIONSHIP Step Daughter
☒ Interest Option or ☐ One Sum or ☐ Other-Explain

FINAL-FULL NAME Lyndon Baines Gregory AGE 22 RELATIONSHIP Son
 One Sum Settlement Only

If a beneficiary survives the Insured, any payment to successor will be one sum, unless changed.

10 Beneficiary Designation for Proposed Insured 2

(Complete for Additional Insured's rider only if Beneficiary provision in the rider is NOT desired.) If a Change of Plan, this will replace previous designations. If this section is completed, the Payment of Benefit Provisions of the policy will control rather than the Beneficiary provision of such rider. "Additional Insured" would be used in place of "Insured."

PRIMARY-FULL NAME Gettys B Millwood AGE 43 RELATIONSHIP husband
☒ Interest Option or ☐ One Sum or ☐ Other-Explain

SUCCESSOR-FULL NAME Tina A Bishop AGE 26 RELATIONSHIP Daughter
☒ Interest Option or ☐ One Sum or ☐ Other-Explain

FINAL-FULL NAME Lyndon Baines Gregory AGE 22 RELATIONSHIP Son
 One Sum Settlement Only

If a beneficiary survives the Additional Insured, any payment to successor will be one sum, unless changed.

3a Applicant's Name (If not Proposed Insured 1, print name in full)

LAST NAME Millwood FIRST NAME Jane MIDDLE INITIAL W
 SOC. SEC. OR TAX IDENTIFICATION NO. 7420 796
 If mailing address not same as Proposed Insured 1, provide in Explanations.

b If Proposed Insured 1 is under age 16, name who is to succeed the Applicant as Owner. (Print name in full)

c If Proposed Insured 1 is under age 16, check here if Proposed Insured 1 is NOT to be Owner at and after age 21. ☐

4 If the application is for a change in a State Farm policy, give the policy number. 7420 796

5 (Note: If Universal Life do NOT complete questions 5-7)

a Basic Amount and Plan applied for:

MTG ☐ YRS ☐ INT. ☐

b Riders applied for: (Check Ratebook for availability of riders on policies)

AD	AMOUNT	10 YR	AMOUNT
DA		RT	
GO		1 YR	
DC		RT	
CTR		2 YRS	
EE		INT.	
PAYOR		MTG	
EL		5 YR	
MTG		10 YR	
EL		RT	
5 YR		1 YR	
EL		RT	

1 - COMPLETE QUESTIONS 13 & 14
 2 - COMPLETE QUESTIONS FOR PROPOSED INSURED 2

6 Dividend Option - If the option chosen is not available or no option is chosen, policy provisions determine the option.

☐ Paid-up Additions ☐ Accumulate ☐ Reduce Premium
☐ Cash Payment ☐ Fifth Dividend Option

7 Do you want the Automatic Premium Loan provision to apply, if available? ☐ YES ☐ NO

8 UNIVERSAL LIFE

a Initial Basic Amount 50,000

b Death Benefit Option: (COMPLETE FOR NEW POLICY OR TO CHANGE THE DEATH BENEFIT OPTION)

If option not chosen, policy provisions determine option.
☐ 1-Basic Amount ☒ 2-Basic Amount plus Cash Value

c Riders applied for: ☐ AD ☐ AMOUNT ☐ GO ☐ AMOUNT
☐ CTR ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 ☐ 31 ☐ 32 ☐ 33 ☐ 34 ☐ 35 ☐ 36 ☐ 37 ☐ 38 ☐ 39 ☐ 40 ☐ 41 ☐ 42 ☐ 43 ☐ 44 ☐ 45 ☐ 46 ☐ 47 ☐ 48 ☐ 49 ☐ 50 ☐ 51 ☐ 52 ☐ 53 ☐ 54 ☐ 55 ☐ 56 ☐ 57 ☐ 58 ☐ 59 ☐ 60 ☐ 61 ☐ 62 ☐ 63 ☐ 64 ☐ 65 ☐ 66 ☐ 67 ☐ 68 ☐ 69 ☐ 70 ☐ 71 ☐ 72 ☐ 73 ☐ 74 ☐ 75 ☐ 76 ☐ 77 ☐ 78 ☐ 79 ☐ 80 ☐ 81 ☐ 82 ☐ 83 ☐ 84 ☐ 85 ☐ 86 ☐ 87 ☐ 88 ☐ 89 ☐ 90 ☐ 91 ☐ 92 ☐ 93 ☐ 94 ☐ 95 ☐ 96 ☐ 97 ☐ 98 ☐ 99 ☐ 100
 1 - COMPLETE QUESTIONS 13 & 14 2 - COMPLETE QUESTIONS FOR PROPOSED INSURED 2

d Dividend Option: If option not chosen, policy provisions determine option. ☒ Addition to Cash Value ☐ Cash Payment

e Planned Premium: (1) Mode of Payment ☐ ANNUAL ☒ PAC ☐ OTHER SPEC. MO.

(2) Amount 50,000 (DO NOT COMPLETE FOR NEW POLICY)

f Increase or Decrease in Basic Amount
 Amount of Increase 50,000 Amount of Decrease 50,000

12 If Proposed Insured 1 is under age 16, give the amount of life insurance in force on Father and on Mother. (If none, so indicate)

(COMPLETE QUESTIONS 13 & 14 ONLY IF CTR IS APPLIED FOR)

NAME (IF LAST NAME DIFFERENT EXPLAIN)	RELATIONSHIP TO PROPOSED INSURED 1	BIRTH DATE			AMOUNT NOW INSURED FOR
		MO.	DAY	YR.	

14. Have any children named above? (If yes, explain)

a been a patient in a hospital, clinic, or emergency room within the last 3 years?	YES	NO
b had treatment or advice from a doctor within the last 3 years?		
c had asthma, epilepsy, diabetes, cancer or leukemia?		
d had a birth defect, mental disorder, or impairment of sight, hearing, or speech?		

APPLICATION FOR LIFE INSURANCE

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15 Have you ever: (If yes, explain)		PROPOSED INSURED		19 Have you, in the last 3 years: (If yes, explain)		PROPOSED INSURED	
		YES	NO			YES	NO
*a	been unable to obtain life or health insurance at the plan, amount, or rate applied for?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a	flown as a pilot, crew member, or student pilot in aircraft such as an airplane, helicopter, glider, or ultralight? Or, is such activity planned in the next 6 months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	been rejected by or discharged from the armed forces for mental or physical reasons?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	*b	engaged in avocations such as mountain or rock climbing, vehicle racing, scuba, skin, or sky diving? Or, is such activity planned in the next 6 months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c	applied for or received disability benefits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	c	had your drivers license suspended or revoked, had 3 or more moving violations, had 2 or more chargeable accidents, or been charged with driving under the influence of alcohol or drugs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d	had an impairment or loss of sight, hearing, or limb?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20a	Do you now smoke cigarettes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	Have you, in the last 10 years, had or been treated for: (If yes, circle and explain)				If yes, give number smoked per day	1 pk	
a	mental, nervous, convulsive, or epileptic disorder?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	b	Did you previously smoke and quit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	pneumonia, emphysema or asthma?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		If yes, give date last smoked (Mo/Yr)		
c	high blood pressure or stroke?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	c	Are you using tobacco in any other form?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*d	heart murmur, chest pain, or heart attack?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		If yes, specify		
*e	tumor, cancer, or lymph gland disorder?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21	Family History		
f	diabetes, arthritis, venereal or kidney disease?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a	Is your father, mother or any brother or sister deceased? (If yes, identify family member and give the age at death and cause)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g	chronic diarrhea, unexplained weight loss, ulcer, colitis, liver or intestinal disorder?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	b	Has your father, mother or any brother or sister ever had diabetes, cancer, kidney disease or mental illness? Have any had high blood pressure, stroke or heart disease before age 60? (If yes, explain and identify family member)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h	anemia, immune deficiency or other blood disorder?	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
i	recurrent fever, fatigue or night sweats?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	*AGENT-	If yes, it may be advisable not to collect money or give a Binding Receipt-Consult Agents Service for specific instructions.		
17	Have you, in the last 5 years: (If yes, explain)			22	Explanations: (If space below is insufficient, use additional sheets, which will be part of this Application. Sheets must be signed and dated by Proposed Insured(s), and/or Applicant, and witnessed by Agent.)		
a	used cocaine, marijuana, hallucinogenic drugs or narcotics not prescribed by a physician?	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
b	been treated or counseled, or been advised to seek treatment or counsel, for alcohol or drug use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
18	Have you, in the last 5 years, for any reason not previously explained: (If yes, explain)						
a	had treatment or advice from any doctor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
b	had treatment or advice from any psychiatrist or psychologist?	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
c	been a patient in a hospital or emergency room?	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
d	taken prescribed medication? (If yes, list and explain)	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
e	had surgery or been told surgery was necessary?	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

QUESTION NUMBER	NAME OF PERSON	NATURE AND SEVERITY OF CONDITION FREQUENCY OF ATTACKS - TREATMENTS RECEIVED	DATES ONSET RECOVERY	NAME & ADDRESS OF MEDICAL ATTENDANTS AND HOSPITALS
11c	Getty's	STATE FARM 7420796	(also back date to 8-5-1987)	
	Policy Attached	Conversion of Graded Plan, WL TO UL		
		All monies rolled over into new UL		
16c	Jane	High Blood Pressure Dr John Simmons - Linda Control medication - Dyq side	Prs Park (Age - 1963 till 18) present	
18c	Jane - hypertension	Dr. [unclear] - 8-5-1987		
d	Dr's Park - Sptg, SC	Fully recovered - med!		
e	Dr's Park - Sptg, SC	Fully recovered - med!		
21g	Getty's - Mother - 60 yrs	ceased to have will to live		
b	Father - 55 yrs	heart attacked - 1st		
21b	Jane - mother	High Blood Pressure - not being treated now		

Coverage will be effective as of the policy date, if the following conditions are met: the first premium is paid when the policy is delivered; the Proposed Insureds are all living on the delivery date; and, on that delivery date, the information given to State Farm Life is true and complete without material changes to the best of their knowledge and belief.

For changes in Basic Amount or in the Death Benefit Option for a Universal Life Policy, the change will be effective on the deduction date on or next following acceptance of the change by State Farm Life if, on such deduction date, the following conditions are met: there is enough cash surrender value to make the required deduction; the Proposed Insureds are all living; and the information given to State Farm Life is true and complete without material changes to the best of their knowledge and belief.

However, if a binding receipt has been given and is in effect, its terms will apply.

All Proposed Insureds and the Applicant state that the information in this application and any medical history is true and complete to the best of their knowledge and belief. It is agreed that State Farm Life can investigate the truth and completeness of such information while the policy is contestable.

By accepting the policy, the Owner agrees to the beneficiaries named, method of payment and corrections made. No change in plan, amount, benefits, or age at issue may be made on the application unless the Owner agrees in writing. Only an authorized company officer may change the policy provisions. Neither the agent nor a medical examiner may pass on insurability.

Social Security or Tax Identification Number (TIN) Certification - SEE INSTRUCTIONS ON REVERSE SIDE. By signing this application, I certify under penalties of perjury that (1) the TIN shown on page 1 of this application is correct, and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. (If you are subject to backup withholding, cross out item 2.)

Any policy issued on this application will be owned by Proposed Insured 1, or the Applicant, if other than Proposed Insured 1.

Date on 3/10/87
 at Spartanburg, SC
 SIGNATURE OF AGENT AS WITNESS TO ALL SIGNATURES [Signature]
 SIGNATURE OF PROPOSED INSURED 1 [Signature]
 SIGNATURE OF PROPOSED INSURED 2 [Signature]
 SIGNATURE OF APPLICANT [Signature]
 NOT REQUIRED UNLESS APPLICANT IS OTHER THAN PROPOSED INSURED 1 IF A FIRM OR CORPORATION IS TO BE THE OWNER GIVE ITS NAME AND SIGNATURE OF AUTHORIZED OFFICER



STATE FARM INSURANCE COMPANIES

HOME OFFICES: BLOOMINGTON, ILLINOIS 61710-0001

MEDICAL EXAMINER'S REPORT - ADULT (PARAMEDICAL)

MEDICAL HISTORY portion of LIFE and/or HEALTH INSURANCE APPLICATION

File No.(s) _____

1. a. Name of Proposed Insured

Birthdate

b. Name and Address of Personal Physician (If none, so state.)

JANE W. MILLWOOD

1/4/44

John Simmons MD Dillon Dr. Spartanburg SC

c. Date and Reason Last Seen and Treatment Given? (List medications prescribed, indicating those still being administered.)

Aug. 1987 Routine check up - Continue medication.

2. Have you ever been treated for or had any known indication of:

Yes No

- a. Disorder of eyes, ears, nose, or throat? ☐ ☒
- b. Dizziness, fainting, epilepsy, convulsions; frequent or severe headaches; paralysis or stroke; or mental or nervous disorder? ☐ ☒
- c. Shortness of breath, allergy, asthma, emphysema, pneumonia or other respiratory disorder? ☐ ☒
- d. Chest pain, high blood pressure, heart murmur, heart attack, or other disorder of the heart? ☒ ☐
- e. Ulcer, hernia, chronic diarrhea, or colitis; or disorder of the stomach, intestines, liver, or gallbladder? ☒ ☐
- f. Varicose veins, hemorrhoids, or rectal disorder? ☐ ☒
- g. Sugar, albumin, blood or pus in the urine; stones or other disorder of the kidneys, bladder, or prostate? ☐ ☒
- h. Diabetes; thyroid or other endocrine disorders? ☒ ☐
- i. Disorder of the breasts or reproductive organs; venereal disease; or complications of pregnancy including cesarean section? ☒ ☐
- j. Arthritis; injury or disorder of the spine, neck or back, arm, leg, shoulder, wrist, hand, hip, knee, ankle, or foot? ☐ ☒
- k. Deformity or amputation? ☐ ☒
- l. Disorder of skin or lymph glands, cyst, tumor, or cancer? ☐ ☒
- m. Leukemia, anemia, immune deficiency or any other blood disorder? ☐ ☒
- n. Recurrent fever, fatigue or night sweats? ☐ ☒

3. Are you now receiving any treatment or taking medication? ☒ ☐4. To the best of your knowledge and belief, are you now pregnant? ☐ ☒

5. Have you in the last 5 years:

- a. Used cocaine, marijuana, hallucinogenic drugs, or narcotics not prescribed by a physician? ☐ ☒
- b. Been treated or counseled, or been advised to seek treatment or counsel, for alcohol or drug use? ☐ ☒

6. Have you had any unexplained change in weight in the past year? ☐ ☒

7. Other than above, have you within the past 5 years:

- a. Had any mental or physical disorder not listed above? ☐ ☒
- b. Had a checkup, consultation, illness, injury, or surgery? ☒ ☐
- c. Been a patient in a hospital, clinic, sanatorium, or other medical facility? ☒ ☐
- d. Had electrocardiogram, x-ray, or other diagnostic test? ☐ ☒
- e. Been advised to have any diagnostic test, hospitalization or surgery which was not completed? ☐ ☒

8. Have you ever had military service deferment, rejection or discharge because of a physical or mental condition? ☐ ☒9. Within the last 3 years have you claimed or received any benefits because of injury, sickness, or disability? ☐ ☒10. a. Do you now smoke cigarettes? If yes, give number smoked per day. ☒ ☐ 1 pk. dayb. Did you previously smoke and quit? ☐ ☒ If yes, give date last smoked _____c. Are you using tobacco in any other form? ☐ ☒ If yes, specify _____

11. Family History:

a. Is your father, mother, or any brother or sister deceased? ☐ ☒ (If yes, identify family member and give the age at death and cause.)b. Has your father, mother, or any brother or sister had high blood pressure, stroke, or heart disease before age 60; or ever had diabetes, cancer, kidney disease, or mental illness? ☐ ☒ (If yes, identify family member and explain.)

DETAILS of "Yes" answers. (IDENTIFY QUESTION NUMBER, CIRCLE APPLICABLE ITEMS: Include diagnoses, dates, duration, and names and addresses of all attending physicians and medical facilities.)

2d - Been taking B.P. medicine
Approx - 20 yrs - Takes -
24 aside cap i day
Sectral 400mg.
Cap i day
Dr. Same AS 1A

2c - 1982 Gallbladder Surg -
Dr. D. C. Hall
Serpentine Dr.
Spartanburg, S.C.

2R - 15 yr - Thyroidectomy.
St. Francis Hosp.
Greenville, S.C.
Dr. unknown

2I - Aug 1987 hysterectomy
+ 96 Dr. Cecil Lanford.
Dr. Doctors Pl. Sptbg. S.C.
Takes Levothyroid 0.1mg
Due to thyroid problem.

I state that all information in this medical history is true and complete to the best of my knowledge and belief. This medical history will be part of my application.

Witness

Signature of Examiner or Paramedical Laboratory Technician

Dated On

Mar. 23

Month

Day

1988

Year

x

Signature of Proposed Insured

BASIC PLAN DESCRIPTION

Flexible premium adjustable life insurance. A death benefit is payable if the Insured dies before the maturity date. The cash surrender value is payable if the Insured is alive on the maturity date. Flexible premiums are payable while the Insured is alive until the maturity date. The basic plan is eligible for annual dividends.